

Mi'kmaw Cultural Activities Program

Application Form 2025 – 2026



Select which Deadline to which you are applying:

☐ May 15, 2025

☐ September 15, 2025

How to complete this application:

- Complete parts A, B, C using the spaces provided in the application.
- On separate pages, answer the questions in part D.
- Sign the application and ensure you have confirmed your consent and declaration.

* required information

Part A: ORGANIZATION CONTACT INFORMATION				
Name of Applicant Organization (<i>official name</i>) *				
Street Number *	Street Address*			Unit/Suite #
PO Box	City/Town *	County *	Province *	Postal Code *
E-mail *		Website		
NS Registry of Joint Stocks Registration Number* (if applicable)		Charitable Registration Number (Canada Revenue Agency) (if applicable)		

CHAIRPERSON/CHIEF CONTACT INFORMATION	PROJECT LEAD CONTACT INFORMATION
Name *	Name *
Telephone (Primary) *	Telephone (Primary) *
Telephone (Alternate)	Telephone (Alternate)
Fax	Fax
E-Mail *	E-Mail *

PRIMARY THEME OF YOUR PROPOSED PROJECT OR ACTIVITY* (Check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Support activities that contribute to the long-term continuance of Mi'kmaw culture. | <input type="checkbox"/> Encourage more cultural activities that explore and/or celebrate Mi'kmaw culture, both traditional and emerging. |
| <input type="checkbox"/> Develop new and strengthen existing relationships among groups and organizations engaged in Mi'kmaw cultural activities. | <input type="checkbox"/> Encourage more appreciation and access to Mi'kmaw cultural activities by all Nova Scotians. |

PART B: SELECT WHICH TIER YOU ARE APPLYING FOR:

- ☐ Tier 1: For requests of \$5,000 or less
- ☐ Tier 2: For Requests of \$5,001 to \$10,000

Part C: PROJECT INFORMATION

Project Title*

Provide a brief description of the proposed project (1-2 sentences) *

Project Start Date *

Project End Date *

Amount Requested (Not more than 75% of total costs) *

Total Proposed Project Cost *

In which community or communities will your proposed project take place? (Please specify below) *

Has this activity been funded previously under this program?

If yes, when?

☐ Yes

☐ No

Has/will this activity receive other provincial funding?

If yes, when?

☐ Yes

☐ No

From what program?

Is a public event part of your project? (not required)

☐ Yes

☐ No

If so, what is the proposed date and location?

*Please note that the answers to the EDIA Section are for information only and do not impact funding recommendations.

Equity, Diversity, Inclusion, and Accessibility (EDIA)				
<p>Communities, Culture, Tourism and Heritage (CCTH) is committed to ensuring our programs and services are equitable, accessible, and inclusive. Understanding the demographics of our clients and people we serve will help us determine whether our programs, funding allocations, and processes are inclusive of Nova Scotia's diverse communities.</p> <p>Please identify who your organization serves. Check all that applies. If you serve everyone, please select "General population".</p>				
<input type="checkbox"/> General Population				
<input type="checkbox"/> Acadian / Francophone <input type="checkbox"/> African Nova Scotian <input type="checkbox"/> Gaelic / Gaels <input type="checkbox"/> Gender Diverse <input type="checkbox"/> Immigrants/Newcomers/Refugees	<input type="checkbox"/> Low income <input type="checkbox"/> Men / Boys <input type="checkbox"/> Mi'kmaq / Indigenous <input type="checkbox"/> Persons of African Descent <input type="checkbox"/> People Living with Disabilities	<input type="checkbox"/> Racialized Groups / Communities <input type="checkbox"/> Seniors (65+ years) <input type="checkbox"/> Women / Girls <input type="checkbox"/> Youth (under 19 years) <input type="checkbox"/> 2SLGBTQIA+		
<input type="checkbox"/> If not identified above, please specify: _____				
<p>As part of CCTH's commitment to EDIA, we are interested to know if your organization's leadership is reflective of the communities you serve.</p> <p>Does your organization's leadership (Board, staff, leadership, volunteers etc.) reflect the communities you serve (language, gender, lived experience or cultural identities, etc.).</p>				
<input type="checkbox"/> Yes <input type="checkbox"/> Somewhat <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/> N/A				

Part D: YOUR PROPOSED PROJECT- The following questions form the main part of your application. Please answer in full . Use a separate attachment if needed
<ol style="list-style-type: none"> Briefly describe your organization including: <ol style="list-style-type: none"> When it was established Its mandate or primary purpose The nature of regular activities. Describe the project briefly but comprehensively. <ol style="list-style-type: none"> What are the project's goals or objectives? Who are your target participants/audience? Who was engaged/consulted in project planning? Who are the project personnel? (include names, roles/responsibilities, and biographies or resumes) Are you partnering with other organizations? If so, describe their role(s) and attach letters of support. Clearly explain how the project's goals or objectives support on one or more of the themes of this program (as listed on page two) and explain how you aim to achieve these goals or objectives. Provide a detailed work plan for this project, including key milestones. Dates can be tentative. Explain what the success of your project will look like and identify how you will evaluate success. Include applicable evaluation documents, e.g., surveys, questionnaires. Include a detailed financial budget (i.e., revenues and expenses) for your proposal. A budget template (Microsoft Excel format) is available on page 5 of this application.

APPLICATION CHECKLIST

- ☐ Have you discussed your project with the Program Officer? (Recommended)
- ☐ Have you completed all sections of the application and answered all questions?
- ☐ Is your application signed?
- ☐ Will program staff be able to easily reach your project contact? *(if successful, your funding may be delayed if a representative with knowledge of the project cannot be reached.)*
- ☐ Have you completed your financial template?

CONSENT

- ☐ I consent to the sharing of information contained in this application with other government departments, organizations, or contractors that the Department of Communities, Culture, Tourism and Heritage (including African Nova Scotian, Acadian, and Gaelic Affairs) or Arts Nova Scotia has a data sharing agreement with.
- ☐ I consent to the Department of Communities, Culture, Tourism and Heritage (including African Nova Scotian, Acadian, and Gaelic Affairs) or Arts Nova Scotia adding the contact information, including name, mailing address and e-mail, to a distribution list to receive updates on programs, services, news, and events.

DECLARATION

As a representative of an organization or Mi'kmaw Band:

- I have carefully read the application guidelines and the applicant eligibility criteria for this program, and confirm that the organization or Mi'kmaw Band I represent meets the eligibility criteria.
- I am aware that all overdue final reports, where applicable, for previously funded applications must be submitted and approved before any additional requests or applications for funding can be considered.
- I understand that my current application may not be eligible if any of my final reports have not been submitted and approved.
- I will act as the representative of the organization or Mi'kmaw Band and will keep all participants informed of the application content and any funding decision.
- I am aware that information I have provided in this application form is subject to the Freedom of Information and Protection of Privacy Act, and any request for my personal information requires my written consent before it can be shared with a third-party.

☐ * I accept all of the declaration statements above that are applicable to me as a representative of an organization or Mi'kmaw Band. I understand that not accepting these statements as true will affect eligibility for this funding application.

Signature*

Title (if applicable):

Print Name*

Date*

E-mail:

CommunitiesNS@novascotia.ca

Mail :

Communities Nova Scotia Unit
Department of Communities, Culture, Tourism and Heritage
PO Box 456, STN Central
1741 Brunswick Street, 3rd Floor
Halifax, NS B3J 2R5

Fax:

(902) 424-0710

For any questions, please call (902) 424-5793

Does your project need volunteers?

VolunteerNS.ca, is a free searchable database that connects non-profits with skilled volunteers in Nova Scotia and nationwide. Volunteers can also easily search for opportunities, while organizations create profiles and receive support to fill vacancies, fostering community connections.

Visit: <https://www.volunteersns.ca/>



Mi'kmaw Cultural Activities Program Project Financial Template (2021-2022)

** For Tier 2 applicants only. A minimum 10% cash contribution is required. A 15% in-kind contribution is accepted if the contribution directly aligns with an expense.*

*Failure to provide a balanced budget and details may result in a reduced score at panel review. **

Applicant:		
Project Name:		
EXPENSES	Amount (\$)	Provide Details
Professional Fees		
Labour		
Materials/supplies		
Administration		
Facilities and Equipment (rentals)		
Marketing		
Travel		
Honouraria		
Other project expenses (specify below)		
TOTAL – EXPENSES		

REVENUES AND CONTRIBUTIONS	Cash (\$)	In-Kind	TOTAL (Cash + In-Kind)	Provide Details
Tier 2 Applicant's Contribution (25% minimum*)				
Other NS Government Departments Funding				
		-		
		-		
		-		
Federal Funding (specify below)				
		-		
		-		
Corporate Sponsorships		-		
Municipal Funding (specify below)				
		-		
		-		
Donations		-		
Other Sources of Funding (specify below)				
Amount Requested from this Program		-		
TOTAL – REVENUES & CONTRIBUTIONS				